## City of Bremen 232 Tallapoosa Street Bremen, GA 30110 770-537-2331

## APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Department				
Position(s) applied	for:		_Date of application	m:/_/
Referral Source:		☐ Employee ☐ Relative		
PLEASE PRINT	- Walk III - Cara			
Name:				
Last		First	Middle	
Address:		City	State	Zip
		Mobile:_		
If necessary, best	time to call (home	or mobile):		
May we contact y	ou at work?	If yes, work # and	best time to call:	
If you are under	8 and it is required	l, can you furnish a work	c permit?	
		with the City of Bremen		
		the City of Bremen befor		
		ine city of bremen befor		
		ment in the country?		
Date in which yo	u would be availabl	le to begin work:		
Type of employm	nent desired: 🗆 Fu	ll-Time $\square$ Part-Time $\square$	Temporary □ Se	easonal
Will you relocate	if job requires it?_	Will you	travel if required	!?
		quirements?C		
		in the last seven(7) year		
II yes, please exp	olain: sarily be a bar to employmen	nt. Each instance and explanation w	ill be considered in relatio	n to the position applied

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer Name & Address:	
Telephone: Job Title:_	
Immediate Supervisor & Title:	1
Reason for leaving:	
May we contact for reference:	
Summarize type of work & job responsibilities:	
Hourly Rate/Salary when started:	Hourly Rate/Salary when left job:
Employer Name & Address:	
Telephone: Job Title:	
Immediate Supervisor & Title:	
Reason for leaving:	
May we contact for reference:	
Summarize type of work & job responsibilities:	
	Hourly Rate/Salary when left job:
Employer Name & Address:	
Telephone: Job Title:	
Immediate Supervisor & Title:	
Reason for leaving:	
May we contact for reference:	
Summarize type of work & job responsibilities:	
Hourly Rate/Salary when started:	Hourly Rate/Salary when left job:
Employer Name & Address:	LONG TO THE TRANSPORT OF THE PARTY OF THE PA
Telephone:Job Title:	
Immediate Supervisor & Title:	어떤 경험에 가지 그렇게 되었다. 그는 이번 경험에 되었다. 그렇게 되었다고 있다면 그렇게 되었다. 그런
	Walter British Co.
May we contact for reference:	
Summarize type of work & job responsibilities:	
Hourly Rate/Salary when started:	Hourly Rate/Salary when left job:
Employer Name & Address:	
Telephone: Job Title:	
Immediate Supervisor & Title:	
Reason for leaving:	
May we contact for reference:	
Summarize type of work & job responsibilities:	
Hourly Rate/Salary when started:	Hourly Rate/Salary when left job:

School	Number of Years Completed	Degree Diploma	GPA Class Rank	Major	Minor
References					
List name and telephone numb If not applicable, list three sch	per of three business/work re	eferences who ar	e not related to yo	u and are not	previous supervisor
Name	7		phone		Years Know
		(	)		
		(	)		
		(	)		
Additional Informate List professional, trade, busine		l any offices held	d. (Exclude memb	erships which	n would reveal sex,
race, religion, national origin,	age, color, disability or any	other similarly p	orotected status)		
Organ	nization		Oi	fice Held	
List any special accomp				perships which	h would reveal sex,
race, religion, national origin,	age, color, disability or any	other similarly p	orotected status)		
List any additional info	rmation you would lik	xe us to consi	der:		
List any additional info	rmation you would lik	xe us to consi	der:		

	Voluntary Information		
Completion of information			
or physical disabilities,	nts for positions without regard to ra- veteran/reserve/national guard or any ng employment practices and do not	other similarly protected	tional origin, citizenship, age, mental status. We also comply with all of any unlawful criteria.
In an effort to comply wi	olicant on a voluntary basis. Not for the requirements regarding government to complete this applicant data surven to subject you to any adverse person	nt record keeping, reporting.  Providing this inform	ng and other legal obligations, which ation is STRICTLY VOLUNTARY. Your cooperation is appreciated.
Please be advised that thi decision. The information	s survey is <u>not</u> a part of your official n will be used and kept confidential	application for employment in accordance with application	ent. It will not be used in any hiring able laws and regulations.
Please Print			
Position(s) applied for:			Date:
Referral Source:	□ Advertisement □ Employ	ee 🗆 Relative 🗆 Go	overnmental Employment Agency
	□ Walk-In □ Private Employ	ment Agency 🗆 Other	
	Name of person who referred	d you (if applicable):	
Applicant Inform	ation		
NameLast		First	Middle
		riot	
Address:		City	State Zip
Гelephone:		Mobile:	
☐ Male ☐ Female	3		
Please check one	of the following Equal En	nployment Opport	unity Identification Group
☐ White (not of Hisp	anic Origin) 🗆 Black (not o	of Hispanic Origin)	☐ Hispanic
☐ American Indian/Al	askan Native   Asian/Paci	fic Islander	☐ Multiracial (This identification group is recognized only in the state of Michigan)
For Administrativ	ve Use Only		
Position(s) applied for	or:   Available   Not  idered for:	Available	
Hired: □ Yes	□No		
Position hired for:	110		Date of hire://
From the EEO job cl	assifications listed below, which	ch one best describes	the position filled?
☐ Officials & Manage			s (semi-skilled)
□ Professionals	☐ Office & Clerical W		
☐ Technicians	☐ Craft Worker	☐ Service W	orkers
Notes:			
0 1. 11			Deter
Completed by:			Date:/_/

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

resent and warrant that I have read and fully u	nderstand the foregoing and seek en	mployment under these conditions
		1
nted Name of Applicant		
gnature of Applicant	46	
gnature of Applicant		